| Fill in this information to identify your case: | | |
|---|---|------------------------------------|
| United States Bankruptcy Court for the : | | |
| District of WISCONSIN(State) | | |
| Case Number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is ar amended filing |

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Identify Yourself | | |
|----|---|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture | Lynette First name | First name |
| | identification (for example, your driver's license or passport). | Marie Middle name | Middle name |
| | Bring your picture identification to your meeting | Davila Aponte Last name | Last name |
| | with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you | Lynette | |
| | have used in the last 8 years | First name Marie | First name |
| | Include your married or | Middle name | Middle name |
| | maiden names. | Davila Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>3579</u> | XXX - XX |
| | number or federal Individual Taxpayer Identification number | OR | OR |
| | identification number | 9 xx - xx | 9 xx - xx |

| Debtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) |
|----------|------------|-------------|---------------|------------------------|
| | First Name | Middle Name | Last Name | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | (EIN) you have used in the last 8 years | Business name | Business name |
| | Include trade names and doing business as names | Business name | Business name |
| | , and the second | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 2524 S. 8th Street Number Street Unit L | Number Street |
| | | Milwaukee WI 53215 City State ZIP Code | City State ZIP Code |
| | | MILWAUKEE County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | have another reason. Explain. (See 28 U.S.C. § 1408 | I have another reason. Explain. (See 28 U.S.C. § 1408 |
| | | | |
| | | | |
| | | | |

 Debtor 1
 Lynette
 Marie
 Davila Aponte
 Case Number (if known)

 First Name
 Middle Name
 Last Name

| Pa | Tell the Court About You | ır Bankruptcy | Case | | | | |
|-----|---|------------------------|-------------------------------|--|---|--|--|
| 7. | The chapter of the Bankruptcy Code you | | | • | | | J.S.C. § 342(b) for Individuals the appropriate box. |
| | are choosing to file | ■ Chap | ter 7 | | | | |
| | under | ☐ Chap | ter 11 | | | | |
| | | ☐ Chap | ter 12 | | | | |
| | | ☐ Chap | ter 13 | | | | |
| 8. | How you will pay the fee | local yours subn | court for self, you nitting y | or more details al u may pay with ca | bout how you may ash, cashier's ched | pay. Typically ck, or money o | k with the clerk's office in your y, if you are paying the fee order. If your attorney is oay with a credit card or check |
| | | | | - | | | on, sign and attach the nts (Official Form 103A). |
| | | By la less pay t | w, a jud than 15 he fee | dge may, but is n io% of the official in installments). I | ot required to, wai | ve your fee, a applies to your poption, you mu | n only if you are filing for Chapter 7. Ind may do so only if your income is refamily size and you are unable to ust fill out the Application to Have the with your petition. |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No □ Yes. | District | None | When | | Case Number |
| | | | | | | MM / DD / Y | YYY |
| | | | District | None | When | | Case Number |
| | | | | | | MM / DD / Y | YYY |
| | | | District | | When | | Case Number |
| | | | | | | MM / DD / Y | YYY |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is | ☐ Yes. | Debtor | | | | Relationship to you |
| | not filing this case with you, or by a business parter, or by affiliate? | | District | | When | MM / DD / Y | Case Number, if known YYY |
| | | | Debtor | | | | Relationship to you |
| | | | District | | When | MM / DD / Y | Case Number, if known |
| | | | | | | MINI / DD / f | |
| 11. | Do you rent your residence? | □ No. ■ Yes. | | line 12 our landlord obtaine | ed an eviction judgme | ent against you? | ? |
| | | | | No. Go to line 12. Yes. Fill out <i>Initial</i> S this bankruptcy peti | | Eviction Judgme | ent Against You (Form 101A) and file it with |

| Debto | or 1 l | Lynette | Marie | Davila . | Aponte | Case Number <i>(if k</i> | known) | | |
|-------|---|--|--------------------|---|---|---|--------------------|----------------|---|
| | | First Name | Middle Name | Last Name | | , | , | | _ |
| Par | t 3: | Report About Any Busin | nesses You Ow | n as a Sole Proprietor | | | | | |
| 12. | of an | you a sole proprietor ny full- or part-time ness? e proprietorship is a | ■ No. □ Yes. | Go to Part 4. Name and location of l | business | | | | |
| | busin individ | ess you operate as an dual, and is not a rate legal entity such as | | Name of business, if any | | | | | |
| | LLC. If you sole p separ | poration, partnerhsip, or have more than one proprietorship, use a rate sheed and attach it is petition. | | Number Street | | | | | |
| | to unc | o pouton. | | City | | | State | Zip Code | |
| | | | | Check the appropriate | box to describe yo | our business: | | | |
| | | | | ☐ Health Care Bus | iness (as defined ir | n 11 U.S.C. § 101(27A)) | | | |
| | | | | ☐ Single Asset Rea | al Estate (as define | d in 11 U.S.C. § 101(51B)) | | | |
| | | | | ☐ Stockbroker (as | defined in 11 U.S.C | C. § 101(53A)) | | | |
| | | | | ☐ Commodity Brok | er (as defined in 1 | 1 U.S.C. § 101(6)) | | | |
| | | | | ☐ None of the above | ve | | | | |
| | Bank are y debt For a busin | oter 11 of the cruptcy Code and rou a small business or? definition of small ess debtor, see S.C. § 101(51D). | balance s document | heet, statement of opera is do not exist, follow the am not filing under Cha am filing under Chapter the Bankruptcy Code. | ations, cash-flow sta e procedure in 11 U upter 11. r 11, but I am NOT | small business debtor, you matement, and federal income i.S.C. § 1116(1)(B). a small business debtor according | e tax return or if | f any of these | |
| Pa | rt 4: | Report if You Own or H | ave Any Hazard | ous Property or Any Prop | perty That Needs In | imediate Attention | | | |
| 14. | prop alleg of im | ou own or have any erty that poses or is ed to pose a threat minent and ntifiable hazard to | No. | What is the hazard? | | | | | |
| | Or do prop immo For e | ic health or safety? o you own any erty that needs ediate attention? xample, do you own hable goods, or livestock must be fed, or a building | | If immediate attention is | s needed, why is it i | needed? | | | |
| | | needs urgent repairs? | | Where is the property? | | itreet | | | |
| | | | | | | | | | |
| | | | | | City | | State | ZIP Code | |

Debtor 1

Lynette

Marie

Davila Aponte

Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Πı | am not required to | receive a | briefing | abou |
|----|--------------------|------------|----------|------|
| _, | redit counseling b | ocalieo of | | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| I received a briefing from an approved credit |
|--|
| counseling agency within the 180 days before I |
| filed this bankruptcy petition, and I received a |
| certificate of completion. |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to rece | ive a briefing about |
|---------------------------|----------------------|
| credit counseling because | se of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Lynette Marie Davila Aponte Case Number (if known)

| | | 16a. Are your debts primarily | consumer debts? Consumer debts are de | fined in 11 U.S.C. § 101(8) |
|--------|---|---|---|--------------------------------|
| 6. | What kind of debts do | | primarily for a personal, family, or household | |
| | you have? | No. Go to line 16b. Yes. Go to line 17. | | |
| | | | business debts? Business debts are debts stment or through the operation of the busine | - |
| | | No. Go to line 16c. Yes. Go to line 17. | | |
| | | 16c. State the type of debts you o | we that are not consumer debts or business of | lebts. |
| 7. | Are you filing under | | | |
| • | Chapter 7? | No. I am not filing under Ch | apter 7. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | er 7. Do you estimate that after any exempt p s are paid that funds will be available to distrit | |
| | | ■ 1-49 | ☐ 1,000-5,000 | ☐ 25,001-50,000 |
| 3. | How many creditors do you estimate that you | □ 50-99 | 5,001-10,000 | ☐ 50,001-100,000 |
| | owe? | ☐ 100-199 | ☐ 10,001-25,000 | ☐ More than 100,000 |
| | | 200-999 | _ , , | |
|). | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | □\$500,000,001-\$1 billion |
| | estimate your assets to | \$50,001-\$100,000 | ☐ \$10,000,001-\$50 million | □\$1,000,000,001-\$10 billion |
| | be worth? | \$100,001-\$500,000 | □ \$50,000,001-\$100 million | □\$10,000,000,001-\$50 billion |
| | | ☐ \$500,001-\$1 million | \$100,000,001-\$500 million | ☐More than \$50 billion |
|). | How much do you | \$0-\$50,000 | ☐ \$1,000,001-\$10 million | □\$500,000,001-\$1 billion |
| | estimate your liabilities | \$50,001-\$100,000 | ☐ \$10,000,001-\$50 million | □\$1,000,000,001-\$10 billion |
| | to be? | \$100,001-\$500,000 | \$50,000,001-\$100 million | \$10,000,000,001-\$50 billion |
| | | ☐ \$500,001-\$1 million | \$100,000,001-\$500 million | ☐ More than \$50 billion |
| ar | 17: Sign Below | | | |
| or | you | I have examined this petition, and correct. | I declare under penalty of perjury that the info | rmation provided is true and |
| | | | ter 7, I am aware that I may proceed, if eligible inderstand the relief available under each chap | · · |
| | | , . | did not pay or agree to pay someone who is r d read the notice required by 11 U.S.C. § 342(| · |
| | | I request relief in accordance with | the chapter of title 11, United States Code, sp | ecified in this petition. |
| | | _ | nent, concealing property, or obtaining money n fines up to \$250,000, or imprisonment for up I 3571. | |
| | | /s/ Lynette Marie Davi | · | the Colors |
| | | Signature of Debtor 1 | Signa | ture of Debtor 2 |
| | | Executed on10/21/2019 | Evac | ited on |
| | | MM / DD | | MM / DD / YYYY |

| Debtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) |
|----------|------------|-------------|---------------|------------------------|
| | First Name | Middle Name | Last Name | |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ Felicia Marie Petroff | Date | Date: 10/22/ | 2019 |
|--|-----------------|-------------------|-----------------------|
| Signature of Attorney for Debtor | Bute | MM / DD / YYY | Υ |
| Felicia Marie Petroff | | | |
| Printed name | | | _ |
| Geraci Law L.L.C. | | | |
| Firm name | | | |
| 55 E. Monroe St., #3400 | | | |
| | | | |
| Number Street | | | |
| Number Street | | | _ |
| Number Street Chicago | IL | 60603 | _ |
| Chicago | IL State | 60603 ZIP Code | _ |
| Chicago | State | | _ racilaw.com |
| Chicago City Contact Phone 312-332-1800 | State Email ac | ZIP Code | _ racilaw.com |
| Chicago | State | ZIP Code | _ - racilaw.com |

| | Debtor 1 | Lynette | Marie | Davila Aponte |
|--|---------------------|----------------------|---|---------------|
| Spouse, if filling) First Name Middle Name Last Name | | First Name | Middle Name | Last Name |
| | Debtor 2 | | | |
| United States Bankruptov Court for the : EASTERN District of MISCONSIN | (Spouse, if filing) | First Name | Middle Name | Last Name |
| States Bankrupicy Court for the . <u>EASTERIN</u> District of <u>Wisconsin</u> (State) | Jnited States | Bankruptcy Court for | the : <u>EASTERN</u> District of <u>W</u> | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own |
|--|-----------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0 |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | \$ 6,823 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ 6,823 |
| Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$1,079 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0 \$36,120 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | |
| Summarize Your Liabilities | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,314.52 |
| Schedule J: Your Expenses (Official Form 106J) | \$2,309.00 |
| Scriedule 3. Tour Expenses (Onician Onn 1003) | |

| Debtor 1 | Lynette | Marie | Davila Aponte_ | Case Number (if known) |
|----------|------------|-------------|----------------|------------------------|
| | First Name | Middle Name | Last Name | |

| Part 4: Answer These Questions for Administrative and Statistical Records | | | | |
|--|-------------|---|--|--|
| 6. Are you filling for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes | | | | |
| 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. | | | | |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$2,085.54 | | | | |
| 9. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim | | | |
| From Part 4 of Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) | \$_ 0.00 | | | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_0.00 | | | |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_0.00 | | | |
| 9d. Student loans. (Copy line 6f.) | \$_0.00 | | | |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_0.00 | | | |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$_0.00 | _ | | |
| 9g. Total. Add lines 9a through 9f. | \$_0.00 | | | |

| Fill in this in | formation to ide | ntify your case and this filir | ng: | | | | |
|---|--|---|--|--|--------------------|---|-------------|
| Debtor 1 | Lynette | Marie | Davila Aponte | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States | Bankruptcy Court fo | or the : <u>EASTERN</u> District o | of <u>WISCONSIN</u> | | | | |
| Case Number | | | (State) | | | Check if this is | s an |
| (If known) | | | | | | amended filing | 9 |
| Official F | <u>orm 106A</u> | <u>/B</u> | | | | | |
| Schedul | e A/B: Pr | operty | | | | | 12/15 |
| ategory where esponsible for ages, write yo | you think it fits supplying correctur name and cas | best. Be as complete and a ct information. If more spac e number (if known). Answ | n asset only once. If an asset fits in more th ccurate as possible. If two married people a ce is needed, attach a separate sheet to this er every question. ther Real Esate You Own or Have an Interest I | are filing together, both are e form. On the top of any add | equally | | |
| No. Yes. | Describe | | any residence, building, land, or similar pro | | | | |
| | - | - | our entries fro Part 1, including any entries | · - | | | \$0.00 |
| Part 2: | Describe Your Vel | nicles | | | | | |
| you own that so | omeone else drive | | ny vehicles, whether they are registered or so report it on Schedule G: Executory Contratorcycles | <u>-</u> | | | |
| | /lake: /lodel: | Lexus ES 300 | Who has an interest in the property? Che | 20 1101 40 | | ims or exemptions. | |
| | ear: | 2002 | Debtor 2 only | | | ns Secured by Prop | |
| | pproximate Milea | 400,000 | Debtor 1 and Debtor 2 only | entire pro | alue of the perty? | Current value portion you o | |
| | Other information: | | At least one of the debtors and another | \$ | 1,975.00 |) s | 1,975.00 |
| 2 | | 00 with over 169,000 | Check if this is community property instructions) | (see | | | |
| Examples: No. Yes. Add the dol | Describe lar value of the p | ors, personal watercraft, fishing or ortion you own for all of you | creational vehicles, other vehicles, and accessories, snowmobiles, motorcycle accessories our entries fro Part 2, including any entries | for pages | | | \$ 1,975.00 |
| Part 3: | Describe Your Per | sonal and Household Items | | | | | |
| Do you own o | r have any legal (| or equitable interest in any | of the following items? | | ŗ | Current value of cortion you own Oo not deduct seculor exemptions | ? |
| | d goods and furn Major appliances, fo | ishings urniture, linens, china, kitchenwa | are | | | | |
| Yes. | Describe | Sofa, bed, coffee table, dresse Living room furniture, linens, to | r wels, dishes, utensils, pots/pans, small appliances, | trundle bed | \$400 \$1,000 | s | 1,400.00 |

| Debto | or 1 | Lynette | Marie | Davila Aponte | Case Number (if known) | | |
|-------|--------------|--|--------------------------------|---|------------------------|--|------------|
| | | First Name | Middle Name | Last Name | | | |
| 07. | Exa | ections; electronic devices No. | | nd digital equipment; computers, printers, scanr eras, media players, games | ners; music | | |
| | | Yes. Describe | 3 TVs, printer, computer, | 2 tablets, cell phone, CDs, DVDs, Apple Watch, | Wii \$2,500 | \$ | 2,500.00 |
| 08. | Exa | np, coin, or baseball card o | nes; paintings, prints, or oth | ner artwork; books, pictures, or other art objects; s, memorabilia, collectibles | | | |
| 09. | L_I Equi | Yes. Describe pment for sports and | hobbies | | | \$ | 0.00 |
| | Exa | - | nic, exercise, and other hob | oy equipment; bicycles, pool tables, golf clubs, s | skis; canoes | | |
| 10. | Firea | Yes. Describe | | | | \$ | 0.00 |
| | | | guns, ammunition, and relat | ed equipment | | | |
| 11 | Cloth | Yes. Describe | | | | \$ | 0.00 |
| | | | furs, leather coats, designer | wear, shoes, accessories | | | |
| | | Yes. Describe | Everyday clothes, shoes, | accessories | \$300 | \$ | 300.00 |
| 12. | | - | costume jewelry, engageme | ent rings, wedding rings, heirloom jewelry, watch | nes, gems, | | |
| | | Yes. Describe | | | | \$ | 0.00 |
| 13. | | farm animals mples: Dogs, cats, birds, h No. | norses | | | | |
| 14. | Any · | Yes. Describe other personal and ho | ousehold items you did | not already list, including any health aid | ds you did not list | \$ | 0.00 |
| | | No. Yes. Describe | • | | • | | |
| 45 | A -1 -1 4 | | | 40 : | have attacked | \$ | 0.00 |
| | | | | rt 3, including any entries for pages you | | | \$4,200.00 |
| | art 4: | Describe Vour Eine | | | | | |
| Do | you o | own or have any legal | or equitable interest in | any of the following? | | Current value or portion you own Do not deduct sector exemptions | n? |
| 16. | Cash Exar | mples: Money you have in No. | your wallet, in your home, | in a safe deposit box, and on hand when you file | e your petition | | |
| | | Yes. Describe | | | | \$ | 40.00 |

| ebtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) |
|---------|------------|-------------|---------------|------------------------|
| | First Name | Middle Name | Last Name | |

| 17. | Deposits o | f money | | |
|-----|--------------|------------------------|---|------------------|
| | | | or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, | |
| | and other s | imilar institutions. I | f you have multiple accounts with the same institution, list each. | |
| | = | Danasiha | Account Type: Institution name: | |
| | Yes. | Describe | Account Type: Institution name: Checking Account Associated Bank | \$ 0.00 |
| | | | Other financial account Net Spend Prepaid Debit | \$ 158.00 |
| | | | The Openior repaid besit | \$ 158.00 |
| 18 | Ronds mu | itual funds or n | ublicly traded stocks | \$ <u>130.00</u> |
| | | · · · | ment accounts with brokerage firms, money market accounts | |
| | No. | | | |
| | Yes. | Describe | Institution or issuer name: | |
| | | | | \$0.00 |
| 19. | Non-public | ly traded stock | and interests in incorporated and unincorporated businesses, including an interest in | |
| | No. | | | |
| | Yes. | Describe | Name of Entity and Percent of Ownership: | |
| | _ | | | \$ <u> </u> |
| 20. | | = | e bonds and other negotiable and non-negotiable instruments e personal checks, cashiers' checks, promissory notes, and money orders. | |
| | • | | re those you cannot transfer to someone by signing or delivering them. | |
| | No. | | | |
| | Yes. | Describe | Issuer name: | |
| | | | | \$0.00 |
| 21. | | t or pension acc | | |
| | | Interests in IRA, El | RISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | No. | | To a of a count and look time across | |
| | Yes. | Describe | Type of account and Institution name: | \$ 0.00 |
| 22. | Security de | eposits and pre | payments | \$0.00 |
| | = | | sits you have made so that you may continue service or use from a company | |
| | Examples: | Agreements with la | andlords, prepaid rent, public utilities (electric, gas, water), telecommunications | |
| | No. | | | |
| | Yes. | Describe | Institution name or individual: | 450.00 |
| | | | Security deposit on rental unit Landlord Landlord | \$450.00 |
| | A | /A | and the comment of comments and the control of the | \$ <u>450.00</u> |
| 23. | No. | A contract for a | periodic payment of money to you, either for life or for a number of years) | |
| | = | Dogoribo | Issuer name and description: | |
| | Yes. | Describe | issuer name and description. | \$ 0.00 |
| 24. | Interests in | n an education I | RA, in an account in a qualified ABLE program, or under a qualified state tuition program. | Ψ |
| | | § 530(b)(1), 529A | | |
| | No. | | | |
| | Yes. | Describe | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| | | | | \$0.00 |
| 25. | | uitable or future | interests in property (other than anything listed in line 1), and rights or powers | |
| | No. | | | |
| | Yes. | Describe | | |
| 26 | Patents co | novrights trade | marks, trade secrets, and other intellectual property | \$0.00 |
| -0. | | | mes, websites, proceeds from royalties and licensing agreements | |
| | No. | | | |
| | Yes. | Describe | | |
| | | | | \$0.00 |
| 27. | | | other general intangibles | |
| | | Building permits, e | xclusive licenses, cooperative association holdings, liquor licenses, professional licenses | |
| | No. | December : | | |
| | Yes. | Describe | | \$ 0.00 |

| Debtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) |
|----------|------------|-------------|---------------|------------------------|
| | First Name | Middle Name | Last Name | |

| Money or property owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions |
|---|---|
| 28. Tax refunds owed to you No. | |
| Yes. Describe | \$ 0.00 |
| 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No. | * <u> </u> |
| Yes. Describe | \$ 0.00 |
| 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No. Yes. Describe | <u> </u> |
| | \$0.00 |
| 31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: Yes. Describe | ı |
| | \$0.00 |
| 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Yes. Describe | |
| Tes. Describe | \$0.00 |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. | |
| Yes. Describe Possible personal injury claim for March 21, 2019 auto accident (Geraci Law LLC does not represent the Debtor in this matter; Geraci Law LLC has advised Debtor to seek legal representation for this matter as soon as possible) | \$ Unknown |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights No. | |
| Yes. Describe | \$0.00 |
| 35. Any financial assets you did not already list No. | |
| Yes. Describe | \$0.00 |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here> | \$648.00 |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| 37. Do you own or have any legal or equitable interest in any business-related property? No. Yes. | |
| | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. Accounts receivable or commissions you already earned No. | |
| Yes. Describe | \$0.00 |

| Debtor | 1 Lynette | Marie | Davila Aponte | Case Number (if known) | |
|--------------|-------------------|---|---|--|------------------|
| | First Name | Middle Name | Last Name | | |
| 20.0 | Miss sautinass | t formishings and somplies | | | |
| | | t, furnishings, and supplies | winters conjure for machines were tale | anhanaa daaka ahaira alaatrania dayisaa | |
| | No. | ss-related computers, software, modems, p | orinters, copiers, fax macrimes, rugs, tere | epriories, desks, chairs, electronic devices | |
| | = | | | | 7 |
| | Yes. Des | cribe | | | |
| | | | | | \$0.00 |
| 40. N | _ | res, equipment, supplies you use in | business, and tools of your trade | | |
| | No. | | | | _ |
| | Yes. Des | cribe | | | |
| | | | | | \$ |
| 41. lı | nventory | | | | |
| | No. | | | | |
| | Yes. Des | cribe | | | |
| | | | | | \$ |
| 42. lı | nterests in part | nerships or joint ventures | | | |
| | No. | Name of Entity and Percer | t of Ownership: | | |
| | Yes. Des | cribe | | | 1 |
| | | | | | \$ |
| 43. C | Sustomer lists, | mailing lists, or other compilations | | | |
| | No. | | | | |
| | Yes. Des | cribe | | | 7 |
| | _ | | | | \$0.00 |
| 44. A | ny business-re | lated property you did not already li | st | | |
| | No. | | | | |
| | Yes. Des | cribe | | | 7 |
| | | | | | \$ 0.00 |
| | | | | | |
| 45. A | dd the dollar va | lue of all of your entries from Part 5 | , including any entries for pages y | you have attached | |
| fo | or Part 5. Write | that number here | | > | \$ 0.00 |
| | | | | | |
| Par | nt 6: Descri | be Any Farm- and Commercial Fishing- | Related Property You Own or Have a | an Interest In. | |
| | If you | own or have an interest in farmland, | list it in Part 1. | | |
| 46. D | o you own or h | ave any legal or equitable interest ir | n any farm- or commercial fishing- | -related property? | |
| | No. | | | | |
| | Yes. Des | cribe | | | |
| | | | | | \$0.00 |
| 47. F | arm animals | | | | |
| | Examples: Livesto | ck, poultry, farm-raised fish | | | |
| | No. | | | | |
| | Yes. Des | cribe | | | |
| | | | | | \$ |
| 48. C | rops—either g | owing or harvested | | | |
| | No. | | | | |
| | Yes. Des | cribe | | | 7 |
| | _ | | | | \$0.00 |
| 49. F | arm and fishing | g equipment, implements, machinery | , fixtures, and tools of trade | | |
| | No. | | | | |
| | Yes. Des | cribe | | | 1 |
| | _ | | | | \$0.00 |
| 50. F | arm and fishing | supplies, chemicals, and feed | | | |
| | No. | | | | |
| | Yes. Des | cribe | | | 7 |
| | | | | | \$ 0.00 |
| 51. A | nv farm- and c | ommercial fishing-related property y | ou did not already list | | |
| | No. | 3 | • | | |
| | = | cribo | | | 7 |
| | Yes. Des | cribe | | | \$ 0.00 |
| | | | | | Φ |
| 52 A | dd the dollar v | alue of all of your entries from Part 6 | including any entries for pages y | you have attached | |
| | | that number here | | | \$0.00 |
| " | n raito. Wille | unat number nere | | | +0.00 |
| | | | | | |

ebtor 1 Lynette Marie Davila Aponte Case Number (if known) ______

| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List About 1. | ove | |
|--|-------------|--------------------------|
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. Yes. Describe 54. Add the dollar value of all of your entries from Part 7. Write that number here | > | \$ <u>0.00</u> \$0.00 |
| List the Totals of Each Part of this Form | | |
| 55. Part 1: Total real estate, line 2 | | \$ 0.00 |
| 56. Part 2: Total vehicles, line 5 | \$ 1,975.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$ 4,200.00 | |
| 58. Part 4: Total financial assets, line 36 | \$ 648.00 | |
| 59. Part 5: Total business-related property, line 45 | \$ 0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$ 0.00 | |
| 62. Total personal property. Add lines 56 through 61 | \$ 6,823.00 | \$ 6,823.00 |
| | | |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$6,823.00 |

| Fill in this in | n this information to identify your case: | | |
|---------------------|---|---|---------------------|
| Debtor 1 | Lynette | Marie | Davila Aponte |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | r the : <u>EASTERN</u> District of <u>W</u> | SCONSIN_ (State) |
| Case Number | | | _ |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identi | fy the Property You Claim as Exempt | : | | | | | |
|---|---|--------------------------------------|---|------------------------------------|--|--|--|
| 1. Which set of ex | cemptions are you claiming? Check | k one only, even if your spo | ouse is filing with you. | | | | |
| You are clai | iming state and federal nonbankrupt | cy exemptions . 11 U.S.C. | § 522(b)(3) | | | | |
| You are clai | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | |
| 2. For any propert | ty you list on <i>Schedule A/B</i> that yo | u claim as exempt, fill in t | the information below. | | | | |
| · | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | | | | |
| Brief description: | 2002 Lexus ES 300 with over 169,000 miles. | _{\$} 1,975 | \$ _ 4,000 | 11 USC & 522(d)(2) - \$4,000.00 | | | |
| Line from Schedule A/B: | 03 | | 100% of fair market value, up to any applicable statutory limit | | | | |
| Brief description: | Sofa, bed, coffee table, dresser | \$400 | \$ <u>221</u> | 11 USC & 522(d)(3) - \$221.00 | | | |
| Line from Schedule A/B: | 06 | | 100% of fair market value, up to any applicable statutory limit | | | | |
| Brief description: | Living room furniture, linens, towels, dishes, utensils, pots/pans, small appliances, trundle bed | \$ <u>1,000</u> | \$_1,000 | 11 USC & 522(d)(3) - \$1,000.00 | | | |
| Line from Schedule A/B: | 06 | | 100% of fair market value, up to any applicable statutory limit | | | | |
| Brief description: | 3 TVs, printer, computer, 2 tablets, cell phone, CDs, DVDs, Apple Watch, Wii | _{\$_} 2,500 | \$ _ 2,500 | 11 USC & 522(d)(3) - \$2,500.00 | | | |
| Line from Schedule A/B: | <u>07</u> | | 100% of fair market value, up to any applicable statutory limit | | | | |
| Official Form 106C Conce 19899147-qmh schologo 1 The Fridedy 10/23/1/28 Exempt age 16 of 46 Page 1 of 2 | | | | | | | |

| ebtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) |
|---------|------------|-------------|---------------|------------------------|
| | First Name | Middle Name | Last Name | |

Additional Page Part 2: Current value of the Amount of the exemption you claim Specific laws that allow exemption Brief description of the property and line on Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption Schedule A/B 11 USC & 522(d)(3) - \$300.00 Brief Everyday clothes, shoes, \$ 300 description: accessories \$ 300 Line from 100% of fair market value, up to 11 Schedule A/B: any applicable statutory limit Cash, 40.00 11 USC & 522(d)(5) - \$40.00 Brief \$ 40 40 description: 100% of fair market value, up to Line from 16 Schedule A/B: any applicable statutory limit Brief Checking Account, Associated 11 USC & 522(d)(5) - \$0.00 \$ ⁰ Bank, 0.00 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit Brief Other financial account, Net Spend 11 USC & 522(d)(5) - \$158.00 _{\$} 158 \$ 158 Prepaid Debit, 158.00 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 11 USC & 522(d)(5) - \$450.00 Brief Security deposit on rental unit, 450 450 Landlord, 450.00 description: Line from 100% of fair market value, up to 22 Schedule A/B: any applicable statutory limit 11 USC & 522(d)(11)(D) - \$25,150.00 Brief Possible personal injury claim for March 21, 2019 auto accident Unknown \$ 25,150 description: (Geraci Law LLC does not represent the Debtor in this matter; Line from 100% of fair market value, up to 33 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ Yes.

| Fill in this | information to identify y | our case: | | | | |
|---------------------|--|---------------------------------|---|---------------------------------------|--------------------------|--------------------------|
| | Lynette | Marie | Davila Aponte | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name | | | |
| United State | es Bankruptcy Court for the : | EASTERN Dist | _ | | | |
| Case Numb | per | | (State) | | Check if thi | s is an |
| (If known) | | | | | amended fi | ling |
| Official I | Form 106D | | | | | |
| Schedul | e D: Creditors | Who Have | Claims Secured by Property | | | 12/15 |
| information. It | | copy the Addition | d people are filing together, both are equally resp nal Page, fill it out, number the entries, and attach known). | | ny | |
| | reditors have claims sec | • | • | | | |
| ☐ No. 0 | Check this box and subm | it this form to the o | court with your other schedules. You have nothing el | lse to report on this form. | | |
| _ | Fill in all of the informatio | | • | | | |
| | | | | | | |
| Part 1: | List All Secured Claims | | | Column A | Column A | Column C |
| 2. List all s | secured claims. If a credi | itor has more than | one secured claim, list the creditor separately | Amount of claim | Value of collateral | Unsecured |
| | | | icular claim, list the other creditors in Part 2. order according to the creditors name. | Do not deduct the value of collateral | that supports this claim | portion If any |
| 2.1 GET I | IT NOW LLC | | Describe the property that secures the claim: | \$ 179.00 | \$ <u>400.00</u> | \$ <u>0.00</u> |
| | r's Name | | Sofa, bed, coffee table, dresser | | | |
| 5501 Numbe | Headquarters Dr r Street | | | | | |
| Number | i Sueet | | As of the date you file the claim is: Check all that a | only | | |
| | | | As of the date you file, the claim is: Check all that approximately Contingent | эріу. | | |
| Plano | | | Unliquidated | | | |
| City | Sta | ate Zip Code | Disputed | | | |
| _ | es the debt? Check one. | | Nature of Lien. Check all that apply. | | | |
| _ = | or 1 only or 2 only | | An agreement you made (such as mortgage or secur | red | | |
| _ = | or 2 only or 1 and Debtor 2 only | | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| = | ast one of the debtors and an | other | Judgment lien from a lawsuit | | | |
| | | | Other (including a right to offset) | | | |
| _ | ck if this claim relates to a munity debt | l | | | | |
| Date Del | bt was incurred2019 | 9-2019 | Last 4 digits of account number8423 | _ | | |
| 2.2 Wisco | onsin Auto Title Loans | | Describe the property that secures the claim: | \$ 900.00 | \$ <u>1,975.00</u> | \$ <u>0.00</u> |
| | 's Name Millor Dhwy | | 2002 Lexus SE 300 with over 169,000 miles | | | |
| Number | Miller Pkwy. | | | | | |
| | | | As of the date you file, the claim is: Check all that a | oply. | | |
| | | | Contingent | | | |
| Milwa City | | I 53214 ate Zip Code | Unliquidated | | | |
| City | Su | ate Zip Code | Disputed | | | |
| _ | es the debt? Check one. | | Nature of Lien. Check all that apply. | | | |
| _ = | or 1 only or 2 only | | An agreement you made (such as mortgage or secur car loan) | rea | | |
| _ = | or 1 and Debtor 2 only | | Statutory lien (such as tax lien, mechanic's lien) | | | |
| = | ast one of the debtors and an | other | Judgment lien from a lawsuit | | | |
| Char | ck if this claim relates to a | | Other (including a right to offset) | | | |
| | munity debt | • | | | | |
| | bt was incurred | | Last 4 digits of account number | | | |
| L. | _ | tries in Column A d # 828098 | on this page. Write that number here: | \$ 1,079.00 | | Page 1 of 2 |
| Official Form 1 | record | u # 020000 | Schedule D: Creditors Who Have Claims | oecuieu by Flopelly | | . uge i Ul 2 |

 Lynette
 Marie
 Davila Aponte
 Case Number (if known)

Part 2:

Debtor 1

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Add the dollar value of your entries in Column A on this page. Write that number here:

Official Form 106D

\$<u>1,079.00</u>

Record # 828098 Schedule D: Creditors Who Have Claims Secured by Property

| | | | | İ | | | |
|--|---|--|---|--|---|------------|------------------|
| Fill in this in | nformation to identify yo | ur case: | | | | | |
| | Lynotto | Marie | Davila Aponte | | | | |
| Debtor 1 | Lynette First Name | Middle Name | Last Name | | | | |
| Debtor 2 | i list Name | Wildle Halle | Lastitatio | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| | | | | | | | |
| United States | Bankruptcy Court for the : _ | <u>EASTERN</u> District of <u>W</u> | /ISCONSIN_ (State) | | | | |
| Case Numbe | r | | | | | Check if | this is an |
| (If known) | | | | | | amended | d filing |
| Official F | orm 106E/F | | | | | | |
| | | M// 11 11 | secured Claims | | | | 12/15 |
| Be as complete List the other p A/B: Property (creditors with p needed, copy to op of any addi | e and accurate as possib party to any executory co Official Form 106A/B) an partially secured claims he Part you need, fill it o titonal pages, write your | ole. Use Part 1 for credity ontracts or unexpired lead on Schedule G: Execthat are listed in Schedut, number the entries in name and case number | ors with PRIORITY claims and Part ases that could result in a claim. Als utory Contracts and Unexpired Lea ule D: Creditors Who Have Claims S n the boxes on the left. Attach the C | so list executory contractions ses (Official Form 106G Secured by Property. If I | cts on <i>Schedule</i> i). Do not include more space is | | |
| Part 1: | List All of Your PRIORITY | Unsecured Claims | | | | | |
| 1. Do any cre | editors have priority unse | ecured claims against y | ou? | | | | |
| No. G | o to Part 2. | | | | | | |
| Yes. | | | | | | | |
| | your priority unsecured of | claims. If a creditor has r | more than one priority unsecured clai | m, list the creditor separa | ately for each clain | n. For | |
| nonpriority unsecured | amounts. As much as poclaims, fill out the Continu | ssible, list the claims in a uation Page of Part 1. If I | as both priority and nonpriority amous alphabetical order according to the cremore than one creditor holds a partic s for this form in the instruction book | editor's name. If you hav ular claim, list the other o | e more than two p | priority | |
| | | | | | Total claim | Priority | Nonpriority |
| | | | | | | amount | amount |
| Part 2: | List All of Your NONPRIOF | RITY Unsecured Claims | | | | | |
| 3. Do any cre | editors have nonpriority | unsecured claims again | st you? | | | | |
| □ No. Yo | ou have nothing to report | in this part. Submit this f | form to the court with your other sche | dules. | | | |
| Yes. | 3 | | , | | | | |
| _ | our nonnriority unsecu | od claims in the alnhah | etical order of the creditor who hole | Is each claim. If a credit | or has more than | one | |
| nonpriority included in | unsecured claim, list the | creditor separately for eacreditor holds a particula | ach claim. For each claim listed, iden r claim, list the other creditors in Part | ify what type of claim it is | s. Do not list claim | ns already | |
| | atad Dawle | | | | | | Total claim |
| 4.1 ASSOCIA | ated Bank | Last 4 | digits of account number | | | | \$ <u>500.00</u> |
| | ansen Road | When | was the debt incurred? | | | | |
| Number | Street | | | | | | |
| | | As of t | the date you file, the claim is: Check a | I that apply. | | | |
| 0 | D 14/1 | | ntingent | | | | |
| Green | | 54304 Unl | iquidated | | | | |
| | s the debt? Check one. | Dis | puted | | | | |
| Debtor | 1 only | | | | | | |
| Debtor | - | r i | of NONPRIORITY unsecured claim: | | | | |
| = | 1 and Debtor 2 only | | dent loans. | oont or dive | | | |
| = | t one of the debtors and anot | | ligations arising out of a separation agreer t you did not report as priority claims | ient or divorce | | | |
| | if this claim relates to a unity debt | | t you did not report as priority claims ots to pension or profit-sharing plans, and | other similar debts | | | |
| | m subject to offest? | | p | | | | |
| No | | Oth | er. Specify Overdraft Account | ····· | | | |
| Yes | | _ | | | | | |

| Debtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) |
|----------|---------|-------|---------------|------------------------|
|----------|---------|-------|---------------|------------------------|

Your NONPRIORITY Unsecured Claims - Continuation Page

| After | listing any entries on this page, number them b | peginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|-------|---|---|--------------------|
| 4.2 | Aurora Health Care | Last 4 digits of account number | \$ <u>8,114.00</u> |
| | Creditor's Name | <u> </u> | |
| | 750 W. Virginia Street | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file the claim is. Check all that apply | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Milwaukee WI 53204 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Out on the Medical Debt | |
| | Yes | Other. Specify Medical Debt | |
| H | Aurora St. Luke's Medical Center | Look & Bolto of consumb control | \$ 1,193.00 |
| 4.3 | | Last 4 digits of account number | \$ <u>1,193.00</u> |
| | Creditor's Name 2900 W. Oklahoma Ave. | When was the debt incurred? | |
| | | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Milwaukee WI 53215 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who owes the debt? Check one. | | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | ls the claim subject to offest? | _ | |
| | No | Other. Specify Medical Debt | |
| | Yes | | |
| 4.4 | Curtis Ambulance Service | Last 4 digits of account number | \$ <u>1,696.00</u> |
| 1 | Creditor's Name | <u> </u> | |
| | 2423 W. Lisbon Ave. | When was the debt incurred? | |
| | Number Street | | |
| | | As a fide a data was filled the adalastic Constanting to the | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Milwaukee WI 53205 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | = | Obligations arising out of a separation agreement or divorce | |
| | At least one of the debtors and another | | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Madical Daki | |
| | = | Other. Specify Medical Debt | |
| 1 | Yes | | |

| Debtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) |
|----------|---------|-------|---------------|------------------------|
|----------|---------|-------|---------------|------------------------|

Your NONPRIORITY Unsecured Claims - Continuation Page

| After li | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|----------|--|---|--------------------|
| 4.5 | Digital FED Credit UNI | Last 4 digits of account number 0141 | \$ 4,840.00 |
| 1.0 | Creditor's Name | | |
| | 220 Donald Lynch Blvd | When was the debt incurred? 2014-2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | | |
| | Marlborough MA 01752 | ☐ Contingent | |
| | City State Zip Code | Unliquidated | |
| \ \ | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| l i | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| 1 | s the claim subject to offest? | | |
| | No | Other. Specify Personal Loan | |
| | Yes | | |
| 4.6 | Eversource | Last 4 digits of account number 0054 | \$ 695.00 |
| 7.0 | Creditor's Name | | |
| | 1 Nstar Way | When was the debt incurred? 2013-2016 | |
| | Number Street | | |
| | | As of the date was file the delay by Object all the day | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Westwood MA 02090 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ١ ١ | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| l i | Debtor 1 and Debtor 2 only | Student loans. | |
| l i | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| ' | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| l i | s the claim subject to offest? | bests to pension or profit-sharing plans, and other similar desis | |
| | No | Other, Specify Unknown Credit Extension | |
| l i | Yes | Other. Specify Unknown Credit Extension | |
| 17 | KAY Jewelers | Last 4 digits of account number NULL | \$ 0.00 |
| 4.7 | Creditor's Name | Last 4 digits of account number | Ψ <u>σ.σσ</u> |
| | 375 Ghent Rd | When was the debt incurred? 2014-2015 | |
| | Number Street | | |
| | . Tallios. Gudet | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Fairlawn OH 44333 | Contingent | |
| | | Unliquidated | |
| , | City State Zip Code Who owes the debt? Check one. | Disputed | |
| i | Debtor 1 only | _ | |
| | Debtor 2 only | Type of NONDBIODITY unacquired elemen | |
| | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offest? | | |
| | No | Other. Specify Credit Card or Credit Use | |
| | Yes | | |

| ebtor 1 L | ynette | Marie | Davila Aponte | Case Number (if known) | |
|-----------|--------|-------|---------------|------------------------|--|
|-----------|--------|-------|---------------|------------------------|--|

Your NONPRIORITY Unsecured Claims - Continuation Page

| After I | isting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|---------|---|---|---------------------|
| 4.8 | Kohls/Capone | Last 4 digits of account number NULL | <u>\$ 567.00</u> |
| | Creditor's Name | | |
| | N56 W 17000 Ridgewood Dr | When was the debt incurred? 2014-2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Menomonee Falls WI 53051 | Unliquidated | |
| ١. | City State Zip Code | Disputed | |
| | Who owes the debt? Check one. | Dioputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| Ι. | community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| | No | Candid Cond on Candid Han | |
| | Yes | Other. Specify Credit Card or Credit Use | |
| | NATIONAL GRID/MASS ELECTRIC CO | Last 4 digits of account number 7960 | \$ 3,380.00 |
| 4.9 | Creditor's Name | Last 4 digits of account number 7960 | \$_ <u>0,000.00</u> |
| | 300 Canal View Blvd Ste | When was the debt incurred? 2017-2017 | |
| | Number Street | | |
| | Names Caree | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Rochester NY 14623 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ١ , | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ! | ls the claim subject to offest? | | |
| | No | Other. Specify Collecting for Creditor | |
| | Yes | _ | |
| 4.10 | NAVY Federal CR Union | Last 4 digits of account number NULL | <u>\$ 8,629.00</u> |
| | Creditor's Name | 2014 2045 | |
| | 820 Follin Ln Se | When was the debt incurred? 2014-2015 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Vienna VA 22180 | Unliquidated | |
| Ι, | City State Zip Code | Disputed | |
| | Who owes the debt? Check one. | . | |
| | Debtor 1 only | T (MONIPPIOPITY) | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans. | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt Is the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| i | No | On a control Credit Card or Credit Llee | |
| | Yes | Other. Specify Credit Card or Credit Use | |
| | · · · · | | |

| Debtor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) | |
|-----------|--|---------------------------------------|---|--------------------------------|--------------------|
| | First Name | Middle Name | Last Name | | |
| Pari | Your NONPRIORITY | Y Unsecured Claims - | Continuation Page | | |
| After li | sting any entries on this | nage number them | beginning with 4.4, followed by 4.5, a | and so forth | Total Claim |
| AILEI II | sting any entires on this | page, number them | beginning with 4.4, followed by 4.5, a | ind 30 lottil. | Total olami |
| 4.11 | Ophthalmology Associat | tes, SC | Last 4 digits of account number _ | | \$ <u>1,000.00</u> |
| | Creditor's Name | | | | |
| | 6020 S. Packard Ave. | | When was the debt incurred? | | |
| | Number Street | | | | |
| | | | As of the date you file, the claim is | s: Check all that apply. | |
| | Cudahy | WI 53110 | Contingent | | |
| | City | State Zip Code | Unliquidated | | |
| <u> </u> | Vho owes the debt? Check | one. | Disputed | | |
| <u> </u> | Debtor 1 only | | | | |
| <u> </u> | Debtor 2 only | | Type of NONPRIORITY unsecured | claim: | |
| <u> </u> | Debtor 1 and Debtor 2 only | | Student loans. | Alexander and an allinear | |
| | At least one of the debtors | | Obligations arising out of a separa that you did not report as priority of | | |
| • | Check if this claim relate community debt | es to a | Debts to pension or profit-sharing | | |
| <u> 1</u> | the claim subject to offes | st? | | F | |
| | No | | Other. Specify Medical Debt | | |
| <u> </u> | Yes | | | | |
| 4.12 | United AUTO Credit CO | · · · · · · · · · · · · · · · · · · · | Last 4 digits of account number _ | 0002 | \$ <u>5,306.00</u> |
| | Creditor's Name 1071 Camelback St Ste | 10 | When was the debt incurred? | 2018-07-30 | |
| | Number Street | | | | |
| | | | As of the date you file, the claim is | c. Check all that apply | |
| | | | Contingent | S. Check all that apply. | |
| | Newport Beach | CA 92660 | Unliquidated | | |
| ١, | City Who owes the debt? Check | State Zip Code | Disputed | | |
| ľί | Debtor 1 only | one. | | | |
| l i | Debtor 2 only | | Type of NONPRIORITY unsecured | claim: | |
| Ī | Debtor 1 and Debtor 2 only | / | Student loans. | | |
| | At least one of the debtors | | Obligations arising out of a separa | ation agreement or divorce | |
| | Check if this claim relate | es to a | that you did not report as priority of | claims | |
| | community debt | | Debts to pension or profit-sharing | plans, and other similar debts | |
| | s the claim subject to offes No | st? | | | |
| Ī | Yes | | Other. Specify Deficiency, Re | epo'd/Surr'd Auto | |
| 4.13 | Xperience Fitness | | Last 4 digits of account number | | \$ 200.00 |
| 4.10 | Creditor's Name | | | _ | - |
| | 6706 W. Greenfield Av. | | When was the debt incurred? | | |
| | Number Street | | | | |
| | | | As of the date you file, the claim is | s: Check all that apply. | |
| | Milwaukee | WI 53214 | Contingent | | |
| | City | State Zip Code | Unliquidated | | |
| <u> </u> | Who owes the debt? Check | | Disputed | | |
| <u> </u> | Debtor 1 only | | | | |
| <u> </u> | Debtor 2 only | | Type of NONPRIORITY unsecured | claim: | |
| <u> </u> | Debtor 1 and Debtor 2 only | | Student loans. | | |
| | At least one of the debtors | | Obligations arising out of a separa | | |
| | Check if this claim relate community debt | es to a | that you did not report as priority of Debts to pension or profit-sharing | | |
| ls | s the claim subject to offes | st? | There in hension or brout-sugging | pians, and other similal debts | |
| | No | | Other. Specify Membership/S | Subscription | |
| | Yes | | | | |
| Pari | List Others to Be | Notified for a Debt Th | at You Already Listed | | |
| | | | | | |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Lynette Marie Davila Aponte

Name Middle Name La

Case Number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|-----------------------------|---|------------|--------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$0.00 |
| from Part 1 | 6b. Taxes and Certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 |
| | | | |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | Total claim \$0.00 |
| Total claims from Part 2 | 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority | | \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims6h. Debts to pension or profit-sharing plans, and other | 6g. | \$ |

| Fill | in this in | ormation to identif | y your case: | | |
|----------------|--|---|--|--|--|
| Del | btor 1 | Lynette | Marie | Davila Aponte | |
| | 0101 1 | First Name | Middle Name | Last Name | |
| | btor 2 | First Name | Middle Name | Last Name | |
| | use, if filing) | | | | |
| | | | he : <u>EASTERN</u> District of <u>\</u> | VISCONSIN_ (State) | , |
| | se Number known) | | | | |
| Offic | cial Fo | orm 106G | | | |
| | | | ry Contracts and | Unexpired Leases | |
| addition 1. Do | onal pages o you hav No. Che Yes. Fill | e, write your name e any executory co eck this box and sut in all of the informa ely each person or | and case number (if known) intracts or unexpired leases bmit this form to the court wit ation below even if the contra company with whom you h |). f;? h your other schedules. You have cts or leases are listed in Schedu ave the contract or lease. Then s | nothing else to report on this form. le A/B: Property (Official Form 106A/B) state what each contract or lease is for (for |
| | <mark>ample, re</mark> expired le | | ell phone). See the instruction | ons for this form in the instruction b | pooklet for more examples of executory contracts |
| F | erson or | company with who | om you have the contract or | lease | State what the contract or lease is for |
| | | ,, | , | | |
| 2.1 | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State Zip | o Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State Zip | n Code | |
| 0.01 | Oity | | State ZI | , oode | |
| 2.3 | Namo | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State Zip | o Code | |
| | | | | | |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State Zip | o Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |

State Zip Code

City

| Fill in this in | formation to iden | tify your case: | |
|---------------------|------------------------|---|---------------|
| Debtor 1 | Lynette | Marie | Davila Aponte |
| | First Name | Middle Name | Last Name |
| Debtor 2 | - | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | the : <u>EASTERN</u> District of <u>W</u> | /ISCONSIN |
| Office States | Daniar aproy Court for | tile : <u>Enterent</u> Blother of <u>In</u> | (State) |
| Case Number | | | _ |
| (If known) | | | |

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A | dditional Pages, | write your name and case numbe | r (if known). Answer every qu | estion. | |
|-------------|-----------------------|---|-----------------------------------|-------------------|---|
| 1. D | o you have any c | odebtors? (If you are filing a joint | case, do not list either spouse a | as a codebtor.) | |
| | No. | | | | |
| | Yes | | | | |
| | = | ears, have you lived in a commur Idaho, Lousiiana, Nevada, New M | | | operty states and territories include /isconsin.) |
| | No. Go to line | 3. | | | |
| | Yes. Did your | spouse, former spouse, or legal ec | uivalent live with you at the tim | e? | |
| | Yes. Inwh | ich community state or territory die | d you live? | Fill in the na | ame and current address of that person. |
| | Name of your | spouse, former spouse or legal equivalent | | | |
| | Number | Street | | | |
| | City | | State Zip | Code | |
| | - | al Form 106D), Schedule E/F (Off chedule G to fill out Column 2. codebtor | icial Form 106E/F), or Schedul | e G (Official For | rm 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | Francisco Cruz | | | | Schedule D, line |
| | Name 3735 W. Fores | t Home Ave. | | | Schedule E/F, line 4.12 |
| | Number S Milwaukee | treet V | VI 532 | 15 | Schedule G, line |
| | City | | tate Zip C | | |
| 3.2 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number S | treet | | | Schedule G, line |
| | City | S | tate Zip C | ode | |
| 3.3 | | | | | Schedule D, line |
| | Name | | | | Schedule E/F, line |
| | Number S | treet | | | Schedule G, line |
| | City | S | tate Zip C | ode | |

| First Name | Middle Name | Last Name |
|------------------------------|-------------|-----------|
| | | |
| btor 2 | | |
| pouse, if filing) First Name | Middle Name | Last Name |

| ck if this is: An amended filing A supplement showing post-petition chapter 13 income as of the following date: |
|---|
| MM / DD / YYYY |

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe Employment | | | | |
|--|---|------------------------------------|-----------------------|-----------------------------------|
| Fill in your employment information | | Debtor 1 | | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | X Employed Not employed | ı | Employed Not employed |
| Include part-time, seasonal, or self-employed work. | Occupation | Teacher | | |
| Occupation may Include student or homemaker, if it applies. | Employers name | National Centers | for Learning Excellen | |
| | Employers address | N4 W22000 Bluen Waukesha, WI 53 | | |
| | Have large annalysed the second | | | |
| Part 2: Give Details About Month | How long employed there? | Since 9/1/2019 | | |
| Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse ha | he date you file this form. If you ha | ine the information for a | • | · · · |
| | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| | ry and commissions (before all par calculate what the monthly wage w | • | \$2,797.27 | \$0.00 |
| 3. Estimate and list monthly overti | me pay. | | \$0.00 | \$0.00 |
| 4. Calculate gross income. Add line | e 2 + line 3. | | \$2,797.27 | \$0.00 |

Debtor 1 Lynette Marie Davila Aponte Case Number (if known)

Last Name

| | | | | For Debtor 1 | | otor 2 or ng spouse | | |
|---------------|--------------|---|------------------|---------------------------|------------|------------------------|----|------------|
| | Copy | y line 4 here | 4. | \$2,797.27 | | \$0.00 | | |
| 5. L | ist all | payroll deductions: | | | | | | |
| | 5a. T | ax, Medicare, and Social Security deductions | 5a. | \$482.76 | | \$0.00 | | |
| | 5b. N | Mandatory contributions for retirement plans | 5b. | \$0.00 | | \$0.00 | | |
| | 5c. V | oluntary contributions for retirement plans | 5c. | \$0.00 | | \$0.00 | | |
| | 5d. F | Required repayments of retirement fund loans | 5d. | \$0.00 | | \$0.00 | | |
| | 5e. lı | nsurance | 5e. | \$0.00 | | \$0.00 | | |
| | 5f. C | Oomestic support obligations | 5f. | \$0.00 | | \$0.00 | | |
| | 5g. L | Jnion dues | 5g. | \$0.00 | | \$0.00 | | |
| | 5h. C | Other deductions. Specify: | 5h. | \$0.00 | | \$0.00 | | |
| 6. A | dd the | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. | 6. | \$482.76 | | \$0.00 | | |
| 7. C | alcula | te total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$2,314.52 | | \$0.00 | | |
| 8. L i | st all | other income regularly received: | | ΨΣ,014.02 | | ψ0.00 | | |
| | | Net income from rental property and from operating a business, | | | | | | |
| | | profession, or farm | | | | | | |
| | | Attach a statement for each property and business showing gross | | | | | | |
| | | receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$0.00 | | \$0.00 | | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | | \$0.00 | | |
| | 8c. | Family support payments that you, a non-filing spouse, or a | 8c. | | | | | |
| | oc. | dependent regularly receive | oc. — | \$ 0.00 | | \$ 0.00 | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | | | |
| | | settlement, and property settlement. | | | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | | \$0.00 | | |
| | 8e. | Social Security | 8e. | \$0.00 | | \$0.00 | | |
| | 8f. | Other government assistance that you regularly receive | 8f. | \$0.00 | | \$0.00 | | |
| | · · · | Include cash assistance and the value (if known) of any non-cash | | Ψ0.00 | | Ψ0.00 | | |
| | | assistance that you receive, such as food stamps (benefits under the | | | | | | |
| | | Supplemental Nutrition Assistance Program) or housing subsidies. | | | | | | |
| | | Specify: | | | | | | |
| | 8g. | Pension or retirement income | 8g. | \$0.00 | | \$0.00 | | |
| | 8h. | Other monthly income. Specify: | 8h. | \$0.00 | | \$0.00 | | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$0.00 | | \$0.00 | | |
| | | · · | | Ψ0.00 | | Ψ0.00 | | |
| 10. | | ulate monthly income. Add line 7 + line 9. | 10. | \$2,314.52 + | \$ | 0.00 | Г | \$2,314.52 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | _ | | | | _ | |
| 11. | State | e all other regular contributions to the expenses that you list in Schedule | e J. | | | | | |
| | Inclu | de contributions from an unmarried partner, members of your household, yo | our dependent | s, your roommates, and | l | | | |
| | othe | r friends or relatives. | | | | | | |
| | _ | ot include any amounts already included in lines 2-10 or amounts that are n | not available to | pay expenses listed in | Schedule . | J. | | |
| | Spec | ify: | | | | 1 | 1 | \$0.00 |
| 12. | Add | the amount in the last column of line 10 to the amount in line 11. The res | sult is the com | bined monthly income. | | | _ | |
| | | e that amount on the Summary of Schedules and Statistical Summary of Ce | | s and Related Data, if it | applies | 1 | 2. | \$2,314.52 |
| 13. | | ou expect an increase or decrease within the year after you file this form | 1? | | | | | |
| | x I | | | | | | | |
| | Π, | Yes. Explain: | | | | | | |
| | | | | | | | | |

First Name

Middle Name

| Fill in t | his information to identify | your case: | | | | |
|--|--|---|--|---|--|--|
| | First Name 2 filling) First Name States Bankruptcy Court for the lumber | Marie Middle Name Middle Name : EASTERN DISTRICT OF W | Davila Aponte Last Name Last Name | income as o | ent showing post of the following o | t-petition chapter 13 date: 2 because Debtor 2 |
| | al Form 106J | | | | separate house | |
| | dule J: Your Ex | | are filing together, both are | equally responsible for supplyi | ng correct informa | 12/15 |
| | ce is needed, attach anothe | | | write your name and case num | = | |
| Part 1: | Describe Your Householes a joint case? | ld | | | | |
| | | a separate household? ust file a separate Schedule | J. | | | |
| | you have dependents? not list Debtor 1 and | No X Yes. Fill out the | nis information for | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Del Do | not state the dependents' nes. | | ent | Daughter Son | 6 | No X Yes No X Yes |
| | | | | | | X No Yes X No Yes X No Yes Yes Yes |
| exp | your expenses include penses of people other thar urself and your dependents | | | | | |
| Part 2: | Estimate Your Ongoing | Monthly Expenses | | | | |
| expenses the applic Include e of such a | s as of a date after the bank cable date. xpenses paid for with non- ssistance and have include | cruptcy is filed. If this is a s cash government assistanded it on Schedule I: Your In | upplemental <i>Schedule J</i> , che ce if you know the value <i>come</i> (Official Form 106l.) | a supplement in a Chapter 13 ock the box at the top of the form | m and fill in | Your expenses |
| any | e rental or home ownership y rent for the ground or lot. not included in line 4: | expenses for your resider | nce. Include first mortgage pa | yments and | 4. | \$450.00 |
| 4 a. | . Real estate taxes | | | | 4a. | \$0.00 |
| 4b. | Property, homeowner's, c | or renter's insurance | | | 4b. | \$0.00 |
| 4c. | Home maintenance, repa | | | | 4c. | \$0.00 |
| 4d. | . Homeowner's association | or condominium dues | | | 4d. | \$0.00 |

Debtor 1 Lynette Marie Davila Aponte Case Number (if known)

| ebtor | First Name Middle Name Last Name | Case Number (if known) | | _ |
|-------|---|------------------------|---------------|---------|
| | | | Your expenses | |
| 5. | Additional Mortgage payments for your residence, such as home equity loans | - 5. | | \$0.0 |
| S. | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | | \$100.0 |
| | 6b. Water, sewer, garbage collection | 6b. | | \$40.0 |
| | 6c. Telephone, cell phone, internet, satellite, and cable service | 6c. | | \$225.0 |
| | 6d. Other. Specify: | 6d. | \$ | 0.0 |
| | Food and housekeeping supplies | 7. | | \$350.0 |
| | Childcare and children's education costs | 8. | | \$500.0 |
| | Clothing, laundry, and dry cleaning | 9. | | \$100.0 |
| 0. | Personal care products and services | 10. | | \$30.0 |
| 1. | Medical and dental expenses | 11. | | \$30.0 |
| 2. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | | \$195.0 |
| 3. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | | \$50.0 |
| 4. | Charitable contributions and religious donations | 14. | | \$0.0 |
| 5. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | | \$0.0 |
| | 15b. Health insurance | 15b. | | \$0.0 |
| | 15c. Vehicle insurance | 15c. | | \$84.0 |
| | 15d. Other insurance. Specify: | 15d. | | \$0.0 |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | Specify: | 16. | | \$0.0 |
| 7. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | | \$125.0 |
| | 17b. Car payments for Vehicle 2 | 17b. | | \$0.0 |
| | 17c. Other. Specify: | 17c. | | \$0.0 |
| | 17d. Other. Specify: | 17d. | | \$0.0 |
| 8. | Your payments of alimony, maintenance, and support that you did not report as deducted | | | |
| | from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | \$0.0 |
| 9. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | | \$0.0 |
| 0. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your In | ncome. | | |
| | 20a. Mortgages on other property | 20a. | | \$ 0.0 |
| | 20b. Real estate taxes | 20b. | \$ | 0.0 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.0 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.0 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.0 |

| Debtor ' | Lynette | Marie | Davila Aponte | Case Number (if known) | | |
|----------|-----------------|---|--|------------------------|---------------|------------|
| | First Name | Middle Name | Last Name | | | |
| 21. | Other. Specif | fy:Postage/Bank Fees (\$5.00), School | supplies (\$25.00), | | 21. | \$30.00 |
| 22 | Your monthly | expense: Add lines 4 through 21. | | | 22. | \$2,309.00 |
| | The result is y | our monthly expenses. | | | _ | |
| | | | | | | |
| | | | | | | |
| 23. | Calculate you | ur monthly net income. | | | | |
| | 23a. Co | ppy line 12 (your comibined monthly in | ncome) from Schedule I. | | 23a. | \$2,314.52 |
| | 23b. Co | opy your monthly expenses from line | 22 above. | | 23b. – | \$2,309.00 |
| | 23c. Su | ubtract your monthly expenses from y | our monthly income. | | 23c. | \$5.52 |
| | Th | ne result is your monthly net income. | | | L | , |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ct an increase or decrease in your e | • | | | |
| | • | do you expect to finish paying for you ment to increase or decrease becaus | , , | , , | | |
| | X No | ment to increase of decrease because | e of a modification to the terms of yo | ul mortgage: | | |
| | Yes. | Explain Here: | | | | |
| | | Ехрант пого. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Fill in this in | formation to ident | ify your case: | |
|------------------------|----------------------|---|-----------------------|
| Debtor 1 | Lynette | Marie | Davila Aponte |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | the : <u>EASTERN</u> District of <u>V</u> | /ISCONSIN_ (State) |
| Case Number (If known) | r | | _ |
| | | | |

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you pay or agree to pay someone who is NOT ar | n attorney to help you fill out bankruptcy forms? |
| No | |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| Under penalty of perjury, I declare that I have read the correct. | ne summary and schedules filed with this declaration and that they are true and |
| | |
| 🗶 /s/ Lynette Marie Davila Aponte | × |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 10/21/2019 | Date |
| MM / DD / YYYY | MM / DD / YYYY |
| | |

| Fill in this in | formation to identify | your case: | |
|---------------------------|-------------------------|---|---------------|
| Debtor 1 | Lynette | Marie | Davila Aponte |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for th | e : <u>EASTERN</u> District of <u>W</u> | <u> </u> |
| Cose Number | | | (State) |
| Case Number (If known) | | | _ |
| | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part ' | Give Details About Your Marital Status and N | Where You Lived Before | | |
|----------------|--|-------------------------------|--|-------------------------------|
| 01. W h | at is your current marital status? Married Not married ring the last 3 years, have you lived anywhere o | | w? | |
| | No. Yes. List all of the places you lived in the last 3 y | ears. Do not include where y | ou live now. | |
| | Debtor 1 | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
| | 7 Bostwick Place New Milford, CT 06776 | 2016-5/2018 | Same as Debtor 1 | Same as Debtor 1 |
| | 3735 W Forest Home Ave Milwaukee WI 53215-3534 | 5/2018-11/2018 | Same as Debtor 1 | Same as Debtor 1 |
| pro and | perty states and territories include Arizona, Ca d Wisconsin.) No. Yes. Make sure you fill out Schedule H: Your Cod | lifornia, Idaho, Louisiana, N | community property state or territory? (Community evada, New Mexico, Puerto Rico, Texas, Washington | , |
| | | | | |

| Did you have any income from employment or from operating a business during this year or the two previous calendar years? | otor 1 | Lynette | Marie | Davila Apolit | <u>e </u> | e Number (<i>if known</i>) | |
|---|--------|-----------------------------|----------------------|--------------------------------|--|------------------------------|------------------------|
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No. No. Yes. Fill in the details Debtor 1 Sources of income (Defore deductions and exclusions) Debtor 2 Sources of income (Defore deductions and exclusions) Debtor 2 Sources of income (Defore deductions and exclusions) Debtor 2 Sources of income (Defore deductions and exclusions) Debtor 2 Sources of income (Defore deductions and exclusions) Debtor 2 Sources of income (Defore deductions and exclusions) Debtor 2 Sources of income (Defore deductions and exclusions) Debtor 2 Sources of income (Defore deductions and exclusions) Debtor 2 Debtor 2 Debtor 3 Debtor 4 December 31, 2018) December 31, 2018) December 31, 2018) December 31, 2018) December 31, 2017) December | | First Name | Middle Name | Last Name | | | |
| Peter Pete | Fill | in the total amount of | income you received | from all jobs and all business | es, including part-time activitie | 2S. | |
| Debtor 1 Sources of income Check all that apply Check all th | | | | | | | |
| Check all that apply Chefore deductions and exclusions Check all that apply (before deductions and exclusions) (| - | res. I ili ili tile detalls | | Debtor 1 | | Debtor 2 | |
| bonuses, tips Operating a business Operating a business Operating a business | | | | | (before deductions and | | (before deductions and |
| For last calendar year: (January 1 to December 31, 2018) Wages, commissions, bonuses, tips Operating a business Operating a business | | From January 1 of co | urrent year until | Wages, commissions, | \$22,480 | Wages, commissions, | |
| Comparison of the calendar year before that: Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips Wages, commissions, bonuses, tips Wages, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. No. | | the date you filed for | · bankruptcy: | _ | | _ | |
| For the calendar year before that: (January 1 to December 31, 2017) Wages, commissions, bonuses, tips Operating a business Operating a business | | For last calendar yea | ar: | Wages, commissions, | \$24,481 | Wages, commissions, | |
| Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No. | | (January 1 to Decem | ber 31, 2018) | _ | | _ | |
| Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No. Pebtor 1 Sources of income Describe below. Gross income (before deductions and Describe below. Gross income (before deduction) | | For the calendar yea | r before that: | Wages, commissions, | \$28,356 | Wages, commissions, | |
| Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No. Yes. Fill in the details Debtor 1 Sources of income Describe below. Gross income (before deductions and Describe below. Gross income Describe below. Gross income Describe below. | | (January 1 to Decem | ber 31, 2017) | _ | | _ | |
| Sources of income Describe below. Gross income (before deductions and Describe below. Gross income Describe below. Gross income Describe below. (before deductions and Describe below. | = | | | | | | |
| | | | | Sources of income | (before deductions and | Sources of income | (before deductions and |
| Part 3: List Certain Payments You Made Before You Filed for Bankruptcy | Part | 3: List Certain Payr | nents You Made Befor | e You Filed for Bankruptcy | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

| Debto | r 1 | Lynette | Marie | Davila Aponte | 2 | Case Number (if known) _ | | | |
|-------|-------|-----------------------------|-------------------------------|---------------------------|--------------------------------|--------------------------|---------------|----------------------|---|
| | | First Name | Middle Name | Last Name | | | | | |
| 06 | ۸ro | either Debtor 1's or D | ebtor 2's debts primarily | consumar dahts? | | | | | |
| | AIG | either Debtor 1301 D | ebtor 2 s debts primarily | consumer debts: | | | | | |
| | _ | | | | | | | | |
| | Ш | No. Neither Debtor 1 | nor Debtor 2 has primarily | y consumer debts. Cor | nsumer debts are defined in | n 11 U.S.C. § 101(8) a | S | | |
| | | "incurred by an in- | dividual primarily for a pers | sonal, family, or househ | old purpose." | | | | |
| | | During the 90 day | s before you filed for bank | ruptcy, did you pay any | creditor a total of \$6,825* | or more? | | | |
| | | , | , | , , , , , | . , | | | | |
| | | ☐ No. Go to line | . 7 | | | | | | |
| | | INO. GO TO IIITE | ; <i>1</i> . | | | | | | |
| | | _ | | | | | | | |
| | | Yes. List belo | w each creditor to whom y | ou paid a total of \$6,82 | 5* or more in one or more | payments and the | | | |
| | | total amount | you paid that creditor. Do r | not include payments fo | r domestic support obligati | ons, such as | | | |
| | | child support | and alimony. Also, do not | include payments to an | attorney for this bankrupto | y case. | | | |
| | | * Subject to adjustmer | nt on 4/01/22 and every 3 y | ears after that for cases | s filed on or after the date | of adjustment. | | | |
| | | | | | | | | | |
| | | Yes Debtor 1 or Deb | tor 2 or both have primar | ilv consumer debts. | | | | | |
| | _ | | | - | y creditor a total of \$600 o | more? | | | |
| | | During the 30 da | lys before you filed for barr | Kruptcy, did you pay ari | y creditor a total of \$000 of | more: | | | |
| | | No. Go to line | e 7. | | | | | | |
| | | | | | | | | | |
| | | ☐ Yes List held | w each creditor to whom w | you naid a total of \$600 | or more and the total amou | int you naid that | | | |
| | | _ | • | · | | • | | | |
| | | | | | ons, such as child support | and | | | |
| | | alimony. Also | , do not include payments | to an attorney for this b | ankruptcy case. | | | | |
| | | | | | | | | | |
| | | | | Dates of | Total amount noid | Amount you still a | ovec V | Nos this payment for | |
| | | | | payments | Total amount paid | Amount you still | owe v | Vas this payment for | • |
| | | | | payments | | | | | |
| | | | | | | | | | |
| 07 | Witl | hin 1 year before you fil | ed for bankruptcy, did you | make a payment on a | debt you owed anyone who | was an insider? | | | |
| | | - | | | I partners; partnerships of | | - | | |
| | - | - | • | | of 20% or more of their vo | - | | - | |
| | - | h as child support and a | | sole proprietor. 11 U.S. | .C. § 101. Include payment | s for domestic support | . obligations | ۵, | |
| | | ir as criiia sapport ana t | allinorry. | | | | | | |
| | | No. | | | | | | | |
| | | Yes. List all payments | to an insider. | | | | | | |
| | | | | Dates of | Total amount A | mount you still | Reason f | for this payment | |
| | | | | payment | | we | | , , | |
| | | | | | | | | | |
| 08 | Witl | hin 1 year before you fil | ed for bankruptcy, did you | make any payments or | transfer any property on a | ccount of a debt that b | enefited | | |
| | | nsider? | | | | | | | |
| | Incl | ude payments on debts | guaranteed or cosigned b | by an insider. | | | | | |
| | | No. | | | | | | | |
| | = | | | | | | | | |
| | Ш | Yes. List all payments | to an insider. | | | | | | |
| | | | | Dates of | | mount you still | | or this payment | |
| | | | | payment | paid | we | Include d | creditor's name | |
| Pa | art 4 | Identify Legal acti | ons, Repossessions, and Fo | oreclosures | | | | | |
| | | | ed for hankruntcy, were vo | ou a narty in any lawsuit | t, court action, or administr | ative proceeding? | | | |
| | | | | | ivorces, collection suits, pa | | t or custod | V | |
| | mod | difications, and contract | disputes. | | • | | | , | |
| | | No | | | | | | | |
| | = | No. | | | | | | | |
| | Ш | Yes. Fill in the details. | | | | | | | |
| | | | | Nature of the case | Court or age | ncy | | Status of the case | |
| 10 | | | | y of your property repos | ssessed, foreclosed, garnis | hed, attached, seized, | or levied? | | |
| | Che | eck all that apply and fill | I in the details below. | | | | | | |
| | | No. Go to line 11 | | | | | | | |
| | = | | ion below | | | | | | |
| | Ц | Yes. Fill in the informat | JUIT DEIUW. | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Debte | or 1 | Lynette First Name | Marie Middle Name | Davila Aponte Last Name | Case Number (if kr | nown) | |
|-------|--------|--|-----------------------|---|------------------------------------|-----------------------------|------------------------|
| 11 | | hin 90 days before you filed refuse to make a payment be | | nny creditor, including a bank or ebt? | r financial institution, set off a | ny amounts from y | our accounts |
| | | No. Go to line 11 | | | | | |
| | | Yes. Fill in the information be | elow. | | | | |
| 12 | | hin 1 year before you filed fo rt-appointed receiver, a cus | | ny of your property in the posse icial? | ssion of an assignee for the b | enefit of creditors, | a |
| | = | No. Yes. | | | | | |
| P | art 5 | List Certain Gifts and Co | ontributions | | | | |
| 13 | Wit | hin 2 years before you filed | for bankruptcy, did y | ou give any gifts with a total val | lue of more than \$600 per pers | on? | |
| | | No. | | | | | |
| | \Box | Yes. Fill in the details for each | ch gift. | | | | |
| 14 | Wit | hin 2 years before you filed | for bankruptcy, did y | ou give any gifts or contribution | ns with a total value of more th | an \$600 to any ch | arity? |
| | | No. | | | | | |
| | _ | Yes. Fill in the details for each | ch gift. | | | | |
| | | | _ | | | | |
| F | art 6 | List Certain Losses | | | | | |
| 15 | | hin 1 year before you filed fonds | or bankruptcy or sinc | e you filed for bankruptcy, did y | you lose anything because of t | heft, fire, other dis | aster, or |
| | | No. | | | | | |
| | | Yes. Fill in the details for each | ch gift. | | | | |
| | | Describe the property you lot the loss occurred | ost and how | Describe any insurance cover Include the amount that insura | _ | Date of your loss | Value of property lost |
| | | 2007 Honda Accord, totaled | I in March 21, | None | | 3/21/19 | \$4,000 |
| | | 2019 hit-and-run accident | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | List Certain Payments o | r Transfors | | | | |
| | art 7 | List Certain Payments o | r transfers | | | | |
| 16 | 100 | nsulted about seeking bankr | ruptcy or preparing a | ou or anyone else acting on you bankruptcy petition? s, or credit counseling agencies | ., | . , , , | ou |
| | _ | | noy pennon preparer | s, or orean counselling agencies | o ioi services required in your | bailki upitty. | |
| | Ц | | | | | | |
| | | Yes. Fill in the details | | | | | |
| | | Party Contact Info | | Description and value of any | property transferred | Date payment or transfer | Amount of payment |
| | | Geraci Law L.L.C. | | | | From | \$850.00 |
| | | 55 E. Monroe Street #3400 |) | | | 08/26/2019 - 10/21/2019 | |
| | | Chicago,IL 60603 | | | | 10/21/2013 | |
| | | Party Contact Info | | Description and value of any | nronorty transforred | Data navment | Amount of novment |
| | | Farty Contact IIIIo | | Description and value of any | property transferred | Date payment or transfer | Amount of payment |
| | | Hananwill Credit Counselin | ng | Credit Counseling Services | | 2019 | \$25.00 |
| | | 115 N. Cross St. | | | | | |
| | | Robinson, IL 62454 | | | | | |
| | | | | | | | |
| | | | | | | | |

| Deb | tor 1 | 1 Lynette Marie First Name Middle Name | Davila Aponte Last Name | Case I | Number (if known) | | - |
|-----|----------|---|--|-------------------------------|--|---|---|
| 17 | р | Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that | rs or to make payments to your cre | | fer any property to any | one who | |
| | | ■ No. □ Yes. Fill in the details. | | | | | |
| 18 | tr Ir | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfer Do not include gifts and transfers that you l | usiness or financial affairs? s made as security (such as the gra | anting of a security intere | | | |
| | | ■ No. Yes. Fill in the details for each gift. | | | | | |
| 19 | b | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-p No. | | to a self-settled trust or s | similar device of which | you are a | |
| | _ | No. ☐ Yes. Fill in the details for each gift. | | | | | |
| | Par | List Certain Financial Accounts, Instr | ruments, Safe Deposit Boxes, and Sto | rage Units | | | |
| 20 | s Ir | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, asso | or other financial accounts; certifica | ates of deposit; shares ir | · - | | |
| | | No. | | | | | |
| | L | Yes. Fill in the details. | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21 | | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed for bankruptc | y, any safe deposit box o | r other depository for s | securities, | |
| | ı | No. | | | | | |
| | L | Yes. Fill in the details. | Who else had access to it? | Describe the conte | nts | Do you still have it? | |
| 22 | Н | Have you stored property in a storage unit | or place other than your home with | in 1 year before you filed | for bankruptcy? | | |
| | | No. Yes. Fill in the details. | | | | | |
| | | | Who else has or had access to it? | Describe the conte | nts | Do you still have it? | |
| | Pari | Identify Property You Hold or Control | for Someone Else | | | | |
| 23 | | Do you hold or control any property that so for someone. | meone else owns? Include any pro | perty you borrowed from | n, are storing for, or ho | d in trust | |
| | | No. | | | | | |
| | | Yes. Fill in the details. | Where is the property? | Describe the prope | rty | Value | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| tor 1 | Lynette | Marie | Davila Aponte | Case Number (if known) | |
|--------|---|---|-------------------------------------|---|--------------------|
| | First Name | Middle Name | Last Name | , , <u></u> | |
| art 10 | Give Details Abo | out Environmental Informatio | n | | |
| the | purpose of Part 10, | the following definitions ap | ply: | | |
| haza | rdous or toxic subs | tances, wastes, or material | | ing pollution, contamination, releases of water, groundwater, or other medium, stes, or material. | |
| | - | , facility, or property as def e, or utilize it, including dis | | law, whether you now own, operate, or utiliz | ze |
| | | ns anything an environmer aterial, pollutant, contamir | | waste, hazardous substance, toxic | |
| ort a | all notices, releases, | and proceedings that you | know about, regardless of whe | n they occurred. | |
| Has | any governmental | unit notified you that you m | nay be liable or potentially liable | e under or in violation of an environmental | law? |
| _ | No. | | | | |
| | Yes. Fill in the details | | nmental unit | Environmental law, if you know it | Date of notice |
| | | | | Environmental law, ii you know k | Date of House |
| _ | | overnmental unit of any re | lease of hazardous material? | | |
| _ | No. | | | | |
| П | Yes. Fill in the details | | nmental unit | Environmental law, if you know it | Date of notice |
| | | | | | |
| | | n any judicial or administra | ative proceeding under any env | rironmental law? Include settlements and o | rders. |
| = | No. Yes. Fill in the details | 3 | | | |
| Ч | | | or agency | Nature of the case | Status of the case |
| | | | | | |
| art 11 | Give Details Abo | out Your Business or Connec | tions to Any Business | | |
| | _ | | | ny of the following connections to any busi | ness? |
| | = ' ' | | e, profession, or other activity, | · | |
| | A partner in a pa | | .C) or limited liability partnersh | ip (LLP) | |
| | | tor, or managing executive | of a corporation | | |
| | _ | | uity securities of a corporation | | |
| | _ | | | | |
| | | ve applies. Go to Part 12. | ielle bedeut fan een bevele ee | | |
| Ц | res. Check all that a | pply above and fill in the del | ails below for each business. | | |
| | nin 2 years before yo itutions, creditors, c | | you give a financial statement | to anyone about your business? Include al | l financial |
| | No. | | | | |
| | Yes. Fill in the details | | | | |
| | | Date is: | sued | | |
| | | | | | |
| | | | | | |
| | | | | | |

 Debtor 1
 Lynette
 Marie
 Davila Aponte
 Case Number (if known)

 First Name
 Middle Name
 Last Name

Sign Below

Part 12:

| | g a false statement, concealing property, or obtaining money or property by fraud |
|---|--|
| in connection with a bankruptcy case can result in fine 18 U.S.C. §§ 152, 1341, 1519, and 3571. | es up to \$250,000, or imprisonment for up to 20 years, or both. |
| 10 0.0.0. 33 102, 1041, 1010, and 0071. | |
| A | 40 |
| /s/ Lynette Marie Davila Aponte Signature of Debtor 1 | Signature of Debtor 2 |
| Date 10/21/2019 | Data |
| MM / DD / YYYY | Date MM / DD / YYYY |
| Did you attach additional pages to <i>Your Statement of</i> No | Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Yes | |
| Did you pay or agree to pay someone who is not an at | ttorney to help you fill out bankruptcy forms? |
| No | |
| Yes. Name of person | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this in | formation to ide | ntify your case: | |
|---------------------|---------------------|--|---------------|
| Debtor 1 | Lynette | Marie | Davila Aponte |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court fo | or the : <u>EASTERN</u> District of <u>WIS</u> | |
| Case Number | r | | (State) |
| (If known) | | | |

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- \blacksquare you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

| Part 1: List Yo | our Creditors Who Have Secured Claims | | |
|--|--|--|---|
| For any creditors information below | | Who Have Claims Secured by Property (Official Form 106D) | , fill in the |
| Identify the credit | tor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: Description of property securing debt: | GET IT NOW LLC Sofa, bed, coffee table, dresser | Surrender the property Retain the property and redeem it ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ No ■ Yes |
| Creditor's name: Description of property securing debt: | Wisconsin Auto Title Loans 2002 Lexus SE 300 with over 169,000 miles | Surrender the property Retain the property and redeem it Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | □ No ■ Yes |
| Creditor's name: Description of property securing debt: | | Surrender the property Retain the property and redeem it Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | □ No □ Yes |
| Creditor's name: Description of property securing debt: | | Surrender the property Retain the property and redeem it Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | □ No □ Yes |

| r 1 Lynette | Marie | Davila Aponte | Case Number (if known) |
|-------------------------------|----------------------------------|---|---|
| First Name | Middle Name | Last Name | |
| | Unexpired Personal Property Leas | | |
| | | | acts and Unexpired Leases (Official Form 106G), |
| | | es. <i>Unexpired leases</i> are leases tha ty lease if the trustee does not assu | t are still in effect; the lease period has not yet |
| u. Tou may assum | e an anexpired personal proper | ty lease if the trustee abes not asse | me it. 11 0.5.0. 3 000(p)(2). |
| Describe your unex | pired personal property leases | | Will the lease be assumed |
| essor's name: | | | □ No |
| | | | Yes |
| escription of lea roperty: | sed | | |
| Toporty. | | | |
| essor's name: | | | □ No |
| | | | ☐ Yes |
| escription of lea roperty: | sed | | |
| | | | |
| essor's name: | | | □No |
| | | | Yes |
| escription of lea roperty: | sed | | |
| торсту. | | | |
| essor's name: | | | □No |
| | | | □Yes |
| escription of lea roperty: | sed | | |
| | | | |
| essor's name: | | | □No |
| | | | Yes |
| escription of lea roperty: | sed | | |
| | | | |
| essor's name: | | | □No |
| | | | □Yes |
| escription of lea roperty: | sed | | |
| · | | | |
| essor's name: | | | □ No |
| | | | ☐ Yes |
| escription of lea roperty: | sed | | |
| | | | |
| | | | |
| t 3: Sign Below | 1 | | |

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and ar personal property that is subject to an unexpired lease.

★ Is/ Lynette Marie Davila Aponte
Signature of Debtor 1

Signature of Debtor 2

Date Dated: 10/21/2019 MM / DD / YYYY

United States Bankruptcy Court EASTERN DISTRICT OF WISCONSIN

In re

| Lyı | nette Marie | Davila Aponte / Debtor | | Case No: | | |
|-----|--|--|------------------------------------|---------------|-----------------------------|----|
| | | | | Chapter: | Chapter 7 | |
| | | DISCLOSURE OF COM | IPENSATION OF ATTORNE | Y FOR DEB | TOR | |
| | npensation p | o 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b aid to me within one year before the filing of the rendered on behalf of the debtor(s) in contem | e petition in bankruptcy, or agre | ed to be paid | l to me, for services | ıt |
| | For legal s | services, I have agreed to accept | \$800.00 | | | |
| | Prior to th | e filing of this statement I have received | \$850.00 | | | |
| | Balance D | Due | \$0.00 | | | |
| | Post Case | -Filing Work Pre-Paid: | \$50.00 | | | |
| 2. | The source | e of the compensation paid to me was: | | | | |
| | Deb | tor(s) Other: (specify) | | | | |
| 3. | The source | e of compensation to be paid to me is: | | | | |
| | Del | otor(s) Other: (specify) | | | | |
| 4. | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | |
| | | e agreed to share the above-disclosed compensa law firm. A copy of the agreement, together v | | | | |
| 5. | | eturn for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy, including: | | | | |
| | _ | vsis of the debtor's financial situation, and rend- uptcy; | ering advice to the debtor in dete | ermining who | ether to file a petition in | |
| | b. Prepa | ration and filing of any petition, schedules, state | ements of affairs and plan which | may be requ | nired; | |
| 6. | | nent with the debtor(s), the above-disclosed fee of the local total and work done post-filing. | does not include the following so | ervice: | | |
| | | C | ERTIFICATION | | | |
| | | I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings. | | | | |
| | | Date: 10/22/2019 | s/ Felicia Marie Petroff | | | |
| | | Date | Signature of Attorney | _ | | |
| | | | Geraci Law L.L.C. | | | |

Name of law firm

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WISCONSIN

In re

| Lynette Marie Davila Aponte / Debtor | Bankruptcy Docket #: | | |
|--------------------------------------|----------------------|--|--|
| | Judge: | | |
| \ | | | |

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 10/21/2019 /s/ Lynette Marie Davila Aponte

Lynette Marie Davila Aponte

X Date & Sign

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B 1D (Official Form 1, Exh.D)(12/08) Page 44 0f 46

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Record #

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 10/21/2019 /s/ Lynette Marie Davila Aponte

Lynette Marie Davila Aponte

Dated: 10/22/2019 /s/ Felicia Marie Petroff

Attorney: Felicia Marie Petroff

Record # 828098